**Dee Point Primary School Application for a Nursery Place**

**All sections must be completed. Thank you.**

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| --- | --- | --- | --- | --- |
| Child’s Full Name: | DOB:  Male/Female: | | | Nursery Start Date: |
| Mother’s Name:  Father’s Name: | | | | |
| **CONTACT INFORMATION** | | | | |
| Address:  Post Code: | | | | |
| Telephone Numbers  Mother:  Father:  Other in case of emergency: | | | | |
| Email: | | | | |
| **MEDICAL INFORMATION** | | | | |
| Does your child suffer from any allergies or health conditions we should know about? Yes/No  If yes, please give details:  Do you claim Disability Living Allowance for your child? Yes/No | | Does your child require any medication to be administered whilst in Nursery? Yes/No  If yes, please give details: | | |
| **OTHER INFORMATION** | | | | |
| Does your child have any siblings? Yes/No  If yes, what are their names, ages and which school do they attend? | | Is there any other relevant information you feel we should be aware of? Yes/No  If yes, please give details: | | |
| **Preferred Nursery Sessions - Please indicate 1st choice and 2nd choice** | | | | |
| 1. All Day Mon, Tues and Wed Morning   2) Wed Afternoon, all day Thurs and Fri  This will be confirmed when a place is offered. | | | Would you be eligible for 30 hour Funding? (We offer a limited number of 30hr places for those who are eligible, please see attached form if you are unsure)  Yes/No  Would you require 30 hours? Yes/No | |

Please inform school if you move address before your child is due to start as this may affect eligibility for a place.